

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46101

STATE FILE NUMBER

12488

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7146 Vermont		Length of stay in lb 4 Yrs.		STREET ADDRESS 7146 Vermont Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LENA Middle MARTIN Last MARTIN				4. DATE OF DEATH Month Dec. Day 25 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 14, 1892	
9. AGE (In years 1 per birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silver Roller		10b. KIND OF BUSINESS OR INDUSTRY Hulling Cafe		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Benzer				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-30-		17. INFORMANT Address Catherine Grady, 7931 Birkenhead			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pelvic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of uterus DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 3 yrs 5 yrs	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 174x	
20c. TIME OF INJURY Hour a. m. p. m. 11:45 P.M.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 1, 57 to Dec 25, 57 and last saw her alive on Dec 23, 57 Death occurred at 1:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wm C. Ruppel M.D. (Degree or title)				22b. ADDRESS 7702 Lemay Ave.		22c. DATE SIGNED 12/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/28/57		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Lemay 23, Mo. (State)	
24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co., 7420 Michigan Ave				25. DATE RECD. BY LOCAL REG. DEC 27 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. G.P.	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Roy Dripps

10-1- Thursday
on Fri

St. Louis

St. Louis

Vermet Ave.

Vermet Ave.

Dec. 22, 1904

Vermet

Vermet

Jan. 1, 1905

Vermet

USA

Germany

Germany

Germany

Germany

Germany

Germany

Germany

Germany

Germany

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me; or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. G. Peterson

Licensed Embalmer No. 370

P. O. Address 7420 Milwaukee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.